Exhibit 18-3

SAMPLE REMITTANCE ADVICE - PAID NON-FACILITY CLAIMS

RUN: 04/16/2004

REPORT ID: FI04W400 ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM PAGE: 9

PROGRAM ID: F104L400 NON-FACILITY REMITTANCE ADVICE - ACUTE

001549 PAID CLAIMS - INVOICE DATE: 04/16/2004

BILLING PROVIDER: 654321 01 HOLLIDAY, DOC INVOICE NUMBER: A980000000001

SERVICE PROVIDER: 654321 01 HOLLIDAY, DOC CHECK NUMBER: 48746
PAYMENT DATE: 04/20/2004

TAX ID: 999999999 FORM TYPE: FORM 1500

AHCCCS ID RECIPIENT	NAME PATIENT ACCOUNT NUMBER	CRN SCORE DATE	SERVICE CD/ MODIFIER		BILLED AMOUNT BILLED UNITS	ALLOWED UNITS		
A12007007 A12007007	BOND, JAMES 007	04100000100801 04/15/2004	99223	03/09/200	04 150.00 1.00	1.00	29.00	ALLOWED AMOUNT (*)
PRICE EXPL:	SUB *MCC	01/13/2001			1.00		29.00	NET PAID AMOUNT
A12007007 A12007007	BOND, JAMES 007	04099000103701 04/15/2004	99233	03/03/2004 03/14/2004		5.00	72.00	ALLOWED AMOUNT (*)
PRICE EXPL:	SUB *MCC	01/13/2001		03/11/2001	3.00		72.00	NET PAID AMOUNT
A61743893	HOLMES, SHERLOCK	04100000100801		03/09/2004 03/11/2004		3.00	240.00	ALLOWED AMOUNT (*)
A61743893 PRICE EXPL:	12714-350493 MAX *AHA	04/15/2004		03/11/2004			240.00	NET PAID AMOUNT
A21742813 A21742813	KURIYAKIN, ILYA 12224-489133	04100000100801 04/15/2004	90828	03/24/2004 03/28/2004		5.00	680.00 270.00-	ALLOWED AMOUNT (*) OTHER INSURANCE
PRICE EXPL:	SUB MAC *AHA						410.00	NET PAID AMOUNT
A21742813 A21742813 PRICE EXPL:	PEELE, EMMA 12714-350493 SUB *MCC *MCD	04100000100801 04/15/2004	99233	03/24/2004		3.00	146.00	ALLOWED AMOUNT (*)
				03/26/2004			146.00	NET PAID AMOUNT

NUMBER OF CLAIMS: 5
TOTAL BILLED AMOUNT: 1,940.00
TOTAL REMIT AMOUNT: 879.00

- PRICE EXPL(anation) codes are listed on Processing Notes page
- Asterisk (*) before PRICE EXPL code shows how Allowed Amount was determined (e.g., MCC = Medicare Coinsurance, AHA = AHCCCS Allowed)
- Allowed Amount is listed first, followed by any deductions (e.g., other insurance)
- Last page of Paid Claims section lists totals